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SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

1 of 1

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name James C Bralnard		2. Committee Telephone Number (317) 253-5759	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 12882 Royce Court			
4. City Carmel	State IN	ZIP Code 46033	5. Party Affiliation or If Independent Candidate Republican
6. Office Sought (include district number, if any. Not required for exploratory committee.) Mayor of Carmel		7. County of Residence Hamilton	
8. Reporting Period: From: October 13, 2007 Through: November 4, 2007			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification Indv	1. Mark Orton 15122 Goodtime Ct Carmel, IN 46032-1035 Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000.00	10/29/07
Classification Indv	2. J. Richard Kiefer, Attorney 4980 Regency Lane Carmel, IN 46033 Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000.00	10/29/07
Classification	3. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION

Signature on File

I OF MY KNOWLEDGE AND BELIEF IT IS

Date (MM-DD-YY)

10-29-07

Date (MM-DD-YY)

10-29-07

FOR OFFICE USE ONLY

95:8 10 62 30 2007

FILED